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CONFIRMATION NO. 5363

SERIAL NUMBER 10/606,689	FILING OR 371(c) DATE 06/26/2003 RULE	CLASS 607	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. P-11128.00
APPLICANTS Jason D. Alinder, Ham Lake, MN; ** CONTINUING DATA ***** <i>none</i> ** FOREIGN APPLICATIONS ***** <i>none</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/01/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		STATE OR COUNTRY MN	SHEETS DRAWING 8	TOTAL CLAIMS 18
			INDEPENDENT CLAIMS 1	
ADDRESS 27581				
TITLE Conductor arrangement for multipolar medical electrical leads				
FILING FEE RECEIVED 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	